

SERFF Tracking Number:	HCAS-125268442	State:	Arkansas
First Filing Company:	American Fire and Casualty Company, ...	State Tracking Number:	AR-PC-07-025901
Company Tracking Number:	CL20070109(F)		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	GL AI Blnkt Contractors Completed Ops Forms		
Project Name/Number:	GL AI Blnkt Contractors Completed Ops Form/CL20070109(F)		

## Filing at a Glance

Companies: American Fire and Casualty Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: GL AI Blnkt Contractors Completed Ops Forms	SERFF Tr Num: HCAS-125268442	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: AR-PC-07-025901
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: CL20070109(F)	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Joe Allen, Margie Bengé	Disposition Date: 08/31/2007
	Date Submitted: 08/28/2007	Disposition Status: Approved
Effective Date Requested (New): 11/01/2007		Effective Date (New):
Effective Date Requested (Renewal): 11/01/2007		Effective Date (Renewal):

## General Information

Project Name: GL AI Blnkt Contractors Completed Ops Form	Status of Filing in Domicile: Pending
Project Number: CL20070109(F)	Domicile Status Comments: OC and AFC - Ohio, WA - Indiana
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/31/2007	
State Status Changed: 08/28/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
THE OHIO CASUALTY INSURANCE COMPANY – NAIC #148-24074	
WEST AMERICAN INSURANCE COMPANY – NAIC #148-44393	
AMERICAN FIRE AND CASUALTY COMPANY – NAIC #148-24066	
COMMERCIAL LINES MANUAL - DIVISION SIX - GENERAL LIABILITY	
COMPANY FORM REVISION	
OUR FILE NUMBER: CL20070109(F)	

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In accordance with the filing requirements of your state, we submit a new company Additional Insured endorsement CG 86 11 10 07 for our Commercial General Liability Program. This form is in final print. (Our corresponding new Company rule has been filed under separate cover.)

Please refer to the attached Filing Memorandum and synopsis for additional information on this proposed revision. There is no rate impact associated with this revision.

We are filing this revision on a Multistate basis. It has been filed in our domicile state (Ohio for Ohio Casualty and American Fire and Casualty, and Indiana for West American.)

We are submitting this filing to be applicable to all policies written on or after November 1, 2007.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

## Company and Contact

### Filing Contact Information

Joe Allen, Product Staff Underwriter	Joe.Allen@ocas.com
9450 Seward Road	(800) 843-6446 [Phone]
Fairfield, OH 45014-5456	(513) 603-3123[FAX]

### Filing Company Information

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 148	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

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The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 148	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

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West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
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9450 Seward Road      Group Code: 148      Company Type:  
Fairfield, OH 45014-5456      Group Name:      State ID Number:  
(800) 843-6446 ext. [Phone]      FEIN Number: 31-0624491  
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## Filing Fees

*Fee Required?*      Yes  
*Fee Amount:*      \$50.00  
*Retaliatory?*      No  
*Fee Explanation:*      \$50.00 per filing.  
*Per Company:*      No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
21569322	\$50.00	08/21/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/31/2007	08/31/2007

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## Disposition

Disposition Date: 08/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured Automatic Status When Required in Construction Agreement With You Contractors - Completed Operations	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured Automatic Status When Required in Construction Agreement With You Contractors - Completed Operations	CG 86 11	10 07	Endorsement/Amendment/Conditions		0.00	CG 86 11 10 07.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED AUTOMATIC STATUS WHEN  
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU –  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II - Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s) whom you have agreed to add as an additional insured in a written contract or written agreement, but only with respect to liability for "bodily injury" or "property damage" caused by "your work" performed for that additional insured and included in the "products-completed operation hazard".
- B.** The following additional provisions apply to the additional insured:
1. When the Named Insured is required to add an additional insured on this policy in a written contract or written agreement; the written contract or written agreement must be:
    - a. Currently in effect or becoming effective during the term of this policy;
    - b. Executed prior to the "bodily injury," or "property damage"; and
    - c. Between a Named Insured and the additional insured.
  2. That person or organization is an additional insured only for liability caused by your negligence specifically resulting from "your work" for the additional insured which is the subject of the written contract or written agreement.
  3. The Limits of Insurance applicable to the additional insured are the lesser of:
    - a. Those specified in the written contract or written agreement, or
    - b. Those provided by this policy and defined in Section III - Limits Of Insurance.

These Limits of Insurance are inclusive of, and not in addition to, the Limits Of Insurance shown in the Declarations and defined in Section III - Limits Of Insurance.
  4. The insurance provided to the additional insured does not apply to:

"Bodily injury" or "property damage" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

    - a. The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawing and specifications; and
    - b. Supervisory, inspection, architectural or engineering activities.

5. We have no duty to defend or indemnify an additional insured under this endorsement:
  - a. For any liability due to negligence attributable to any person or entity other than the Named Insured, the Named Insured's employees or subcontractors.
  - b. For any loss which occurs prior to our Named Insured commencing operations at the location of the loss.
  - c. Until we receive written notice of a claim or "suit" from the additional insured as required in Section IV – Conditions, Duties In The Event Of Occurrence, Offense Claim Or Suit.

**C. Section IV - Conditions** are amended as follows:

1. The following is added to Paragraph 2., **Duties In The Event of Occurrence, Offense, Claim or Suit**:

An additional insured under this endorsement must comply with all provisions of this section.

2. As respects the coverage provided under this endorsement, Paragraph 4.b., **Other Insurance** is deleted and replaced by the following:

**4. Other Insurance**

**b. Excess Insurance**

This insurance is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless the written contract or agreement described in **A.** above specifically requires that this insurance be provided on either a primary basis or a primary and noncontributory basis.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	08/31/2007
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### Comments:

### Attachments:

AR PCTD.pdf  
ar pc ffs.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)****1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>		
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>

<b>5.</b>	<b>Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer				

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>				
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>				
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12.</b>	<b>Company Program Title (Marketing title)</b>				
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____			
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:		Renewal:	
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16.</b>	<b>Reference Organization (if applicable)</b>				
<b>17.</b>	<b>Reference Organization # &amp; Title</b>				
<b>18.</b>	<b>Company's Date of Filing</b>				
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> <b>Amount:</b>	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	
***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)	

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		